## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

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SON BIRD	8	5	7	1	9	1	FILING DATE

APPLICANT(S)

CLAIMS

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CLAIM	s I X	46.00	al .	<b>医</b>	B	HATTA TAR	63	CLAIMS	<u> </u>	MATERIAL STATES	KE	20 CH 10 CH	701)	日本大学

<sup>\*</sup> MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS